MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49		1				
50		①				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51			①				
52			①				
53		1					
54			①				
55			①				
56			①				
57			①				
58			①				
59			①				
60			①				
61			①				
62			①				
63			①				
64			①				
65							
66							
67			①				
68			①				
69			①				
70			①				
71			①				
72			①				
73		1					
74			①				
75			①				
76			①				
77			①				
78			①				
79			①				
80		1					
81			①				
82			①				
83			①				
84			①				
85			①				
86			①				
87			①				
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	5						
TOTAL DEP.	34						
TOTAL CLAIMS	39						